

# Turning Policy into Practice: Infection Control Practitioner perspectives on Implementation of NSQHS Standard 3 Criterion 10 Aseptic Technique

Havers. S, Russo. P, Page.K, Wilson. A, Hall. L,

**Sally Havers BN MPH CICP | PhD Candidate**  
Centre of Research Excellence in Reducing Healthcare Associated Infection  
Queensland University of Technology



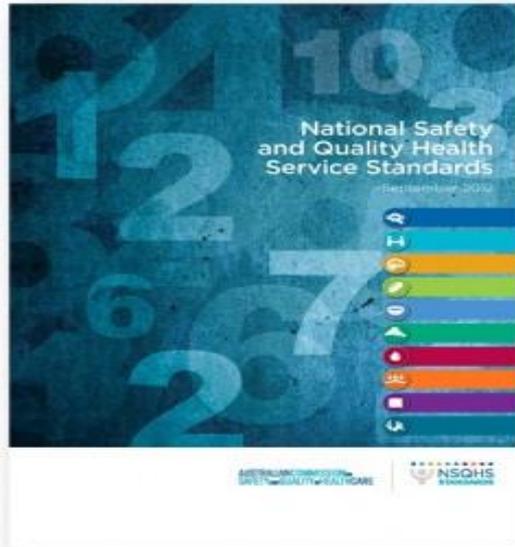
CENTRE OF RESEARCH EXCELLENCE  
REDUCING HEALTHCARE  
ASSOCIATED INFECTIONS

# Introduction

- Health policy and government regulation play a fundamental role in ensuring safe health care in Australian hospitals.
- Infection Control Practitioners (ICPs) are commonly responsible for the implementation of policy which aims to prevent or manage the spread of healthcare associated infections (HAI).
- Implementation is the link between policy and practice.

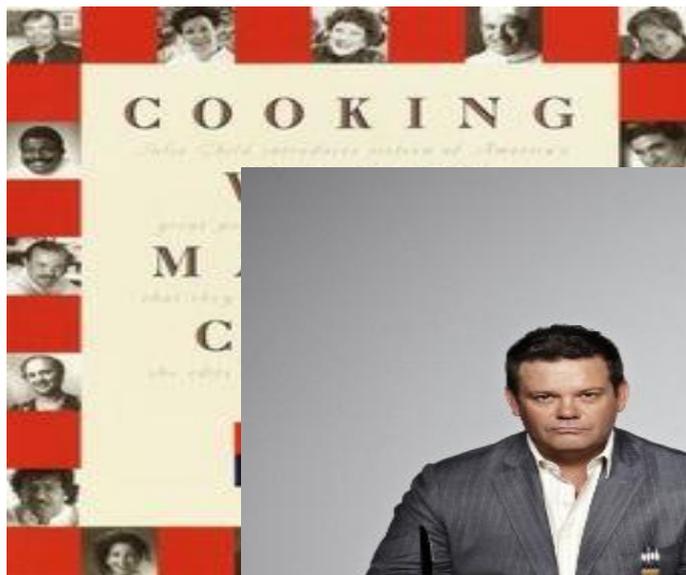


# Background



CENTRE OF RESEARCH EXCELLENCE  
REDUCING HEALTHCARE  
ASSOCIATED INFECTIONS

# Background



# Research Problem

- What we know:
  - Implementation in health care is complex.
  - Effective implementation is dependent on understanding and addressing contextual issues.
  - Policy implementation is different to the implementation of other safety and quality interventions.



# Research Problem

- What we don't know:
  - Currently no research which examines and describes policy implementation in Australian hospitals
  - What are the variables that influence implementation of Infection Control (IC) policy?
  - What factors (both external and internal) impact on the implementation process?



# Research Aims

- To identify the contextual factors which impact on IC policy implementation in Australian hospitals.
- Investigate implementation of one of criterion within the NSQHS Standard 3 - Criterion 10 Aseptic Technique (AT).



# Design

- Exploratory qualitative research approach
- Focus groups were used to collect data about implementation activities specific to aseptic technique practices
- Participants were selected using stratified purposive sampling to ensure representation from public and private Infection Control services as well as regional and metropolitan services.
- Participants were required to have been directly involved in the implementation of an aseptic technique practice program in their hospital since 2010.



# Analysis

- Focus groups were audio recorded and transcribed verbatim for analysis.
- Open coding and thematic analysis was initially undertaken by two of the researchers separately (PR, SH)
- A subsequent interpretive description analysis was undertaken jointly under the supervision of a third researcher (LH) in which the separate groupings of coded data were discussed, merged and reviewed in order to determine the themes according to the areas identified by each researcher.
- A review of these themes was then undertaken to ensure findings were appropriate to each of the original data.



# Results

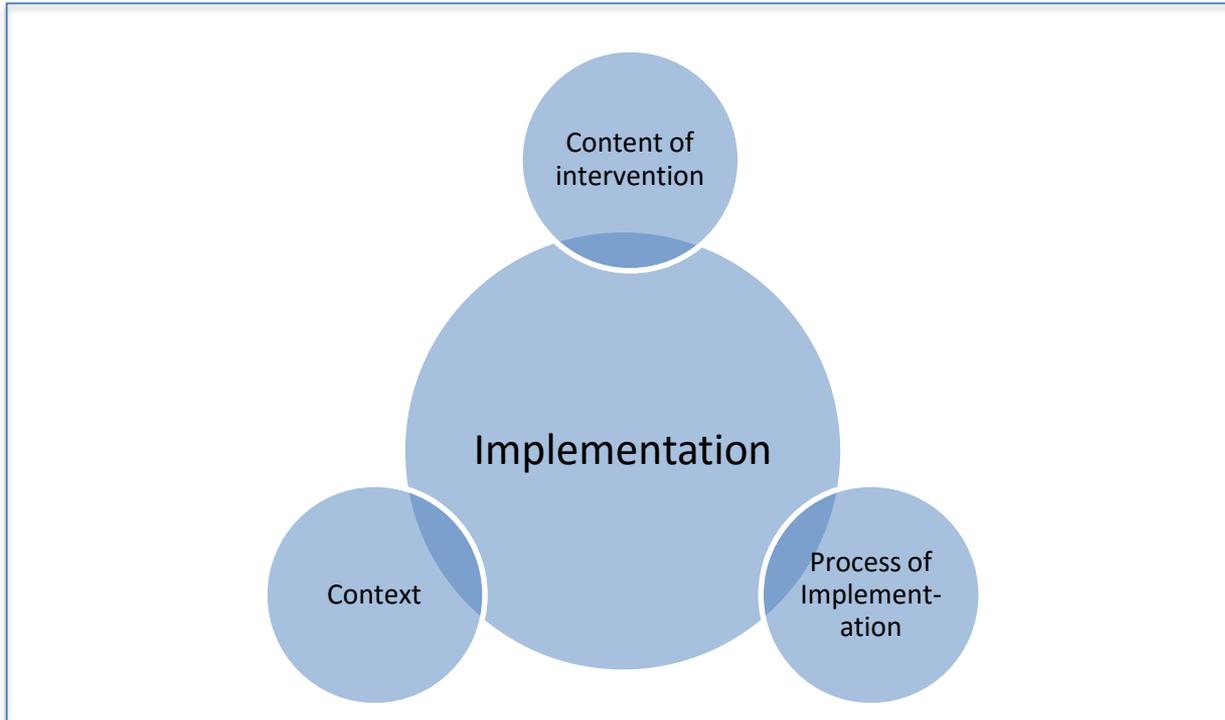
- Four focus groups were conducted with 16 participants in January and February of 2015.
- This included an additional focus group conducted by teleconference to enable participation by regional ICPs.
- Representation from public and private facilities in urban and regional areas in Victoria, South Australia and Queensland.
- Focus groups ran for approximately two hours.



# Results

- Seven key themes of significance to ICPs were identified, these were:
  1. The trigger/s for policy
  2. Resourcing and preparedness for implementation
  3. Skill and competency assessment
  4. Systems, processes and functionality (internal and external)
  5. Perceptions of policy and implementation process
  6. Roles and responsibilities
  7. Relationships and culture





Pettigrew A, Whipp R. Managing change and corporate performance. In: Cool K, Neven D, Walter I, editors. European industrial restructuring in the 1990s.



CENTRE OF RESEARCH EXCELLENCE  
REDUCING HEALTHCARE  
ASSOCIATED INFECTIONS

# Results

- Seven common themes identified:

1. Content of Intervention
2. Researching and preparedness for implementation
3. Skill and competency assessment
4. Process of Implementation
5. Perceptions of policy and implementation process
6. Context (Internal & External)
7. Relationships and culture



# Results

Dimension	Theme	Discussion Points	Quotes
Content or Characteristics of Intervention (Policy)	Trigger/s for policy	<ul style="list-style-type: none"> <li>• Poor practice</li> <li>• Lack of standardised practice</li> <li>• Clinician confusion</li> </ul>	<ul style="list-style-type: none"> <li>• “concept of asepsis had been lost”</li> <li>• “dominant culture was to take the easy way”</li> <li>• “we knew anecdotally we had a problem.....”</li> <li>• “formalising something into practice”</li> </ul>
	Resourcing & preparedness	<ul style="list-style-type: none"> <li>• Waste</li> <li>• Capacity</li> <li>• Sharing of resources</li> <li>• Standardisation</li> <li>• Interpretation</li> <li>• Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• “extremely labour intensive”</li> <li>• “we waste enormous amounts of hours re-inventing the wheel”</li> <li>• “there should be a much more seamless approach”</li> <li>• “what resources or supports were there...before it all started”</li> <li>• “should it have been looked into, the staffing required to put in Standard 3?”</li> </ul>



Dimension	Theme	Discussion Points	Quotes
Process of Implementation	Skill & Competency Assessment	<ul style="list-style-type: none"> <li>• Auditing burden</li> <li>• Sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• “measuring all the time”</li> <li>• “take away precious time”</li> <li>• “audit is an extremely dirty word”</li> <li>• “what does competence mean”</li> <li>• “you can be competent today but not tomorrow”</li> <li>• I think we have seen a change. I think it is marginal”</li> </ul>
	Systems, processes and functionality (internal and external)	<ul style="list-style-type: none"> <li>• Accreditation</li> <li>• New policies</li> </ul>	<ul style="list-style-type: none"> <li>• “the driving force, of course, is accreditation”</li> <li>• “subjectivity of surveyors”</li> <li>• “with the right framework...and re-enforced things with new policies”</li> </ul>
	Perceptions of policy and implementation process	<ul style="list-style-type: none"> <li>• Methodology</li> <li>• Guidelines</li> <li>• Directives</li> </ul>	<ul style="list-style-type: none"> <li>• “there was a lot of confusion”</li> <li>• “terminology and jargon in ANTT...what is she talking about”</li> </ul>

Dimension	Theme	Discussion Points	Quotes
Context (Internal & External)	Roles and Responsibilities	<ul style="list-style-type: none"> <li>• Leadership</li> <li>• Collaborations</li> <li>• Standard 3</li> </ul>	<ul style="list-style-type: none"> <li>• “(the) Standards have kind of created silos”</li> <li>• “right, you have got this standard”</li> <li>• “clinical knowledge, it depends on where you were trained”</li> <li>• “so many other things that are driving practice now, that push these things aside”</li> </ul>
	Relationships & Culture	<ul style="list-style-type: none"> <li>• Education</li> <li>• Safety &amp; Quality</li> <li>• Professional groups</li> <li>• Managers</li> </ul>	<ul style="list-style-type: none"> <li>• “The Education department goes...we don’t have responsibility for staff”</li> <li>• We have an education model...it’s not really effective...it’s been taken out of our hands”</li> <li>• “I have deliberately not taken responsibility for asepsis”</li> <li>• “VMOs are separate to our accreditation”</li> <li>• “what they are thinking of is the rest of the organisation, rather than the risk to the patient”</li> </ul>

# Take home messages

- Context is important when implementing IC policy.
- Similar factors are affecting ICPs implementing policy in a variety of hospital settings.
- Understanding these factors better and considering these when designing interventions and policy is crucial to improving the effectiveness of implementation.



# Acknowledgements

- ACIPC Early Career Research Grant
- All of the ICPs that participated in the study
- Phil Russo
- My supervisors, particularly Dr Lisa Hall
- Centre of Research Excellence – Reducing Healthcare Associated Infections



# Thank you!



CENTRE OF RESEARCH EXCELLENCE  
REDUCING HEALTHCARE  
ASSOCIATED INFECTIONS